

Response to the letter by Dr Klein

Marco Alberghini • Daniel Vanel • Azura Mansor •
Piero Picci • Eric Staals • Mario Mercuri

Published online: 20 October 2009
© ISS 2009

Thank you for giving us the opportunity to answer Dr. Klein's questions. Our article was a good example of imaging and pathology cooperation. While reviewing the 199 surface osteosarcomas at the Rizzoli Institute, we noticed one histological report of parosteal osteosarcoma dedifferentiated into a telangiectatic osteosarcoma. A very characteristic radiological pattern was noted in this case (Fig. 1 of the original article). As we found only one comparable case in the literature, we started to review our database. Four additional cases were detected, with fluid-filled cavities, combined with a typical image of parosteal osteosarcoma. The cases were all reviewed by a pathologist, who confirmed the diagnosis in two cases (the ones in Figs. 2 and 3, with multiple small cavities, shown radiologically) and rejected the two with only one cavity, which was considered to represent a hematoma in the dedifferentiated part. Therefore, we had two components in

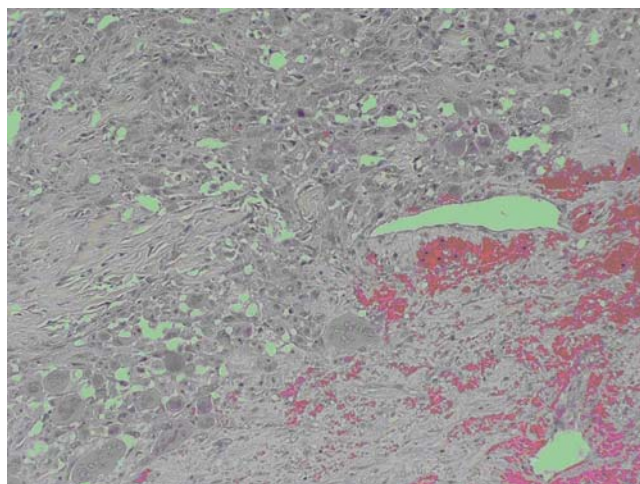


Fig. 1 (Corresponding to Fig. 2 of the original article.) The two components (telangiectatic, *lower right*, and parosteal, *upper left*) are better seen

M. Alberghini • D. Vanel • A. Mansor • P. Picci • E. Staals •
M. Mercuri
The Rizzoli Institute, Bologna, Italy

D. Vanel (✉)
Research and Teaching in Imaging of Musculoskeletal Tumors,
The Rizzoli Institute, Via del Barbiano 1/10, 40106 Bologna, Italy
e-mail: daniel.vanel@ior.it

each case. We admit that not all information may be represented in published images. The authors, being too familiar with the cases and knowing the selection history, might not have been sufficiently aware of the needs of a reader not familiar with the tumors presented. Therefore, we have provided some additional histological images (Figs. 1 and 2) relating to Figs. 2 and 3 of the original paper, hopefully clarifying the situation.

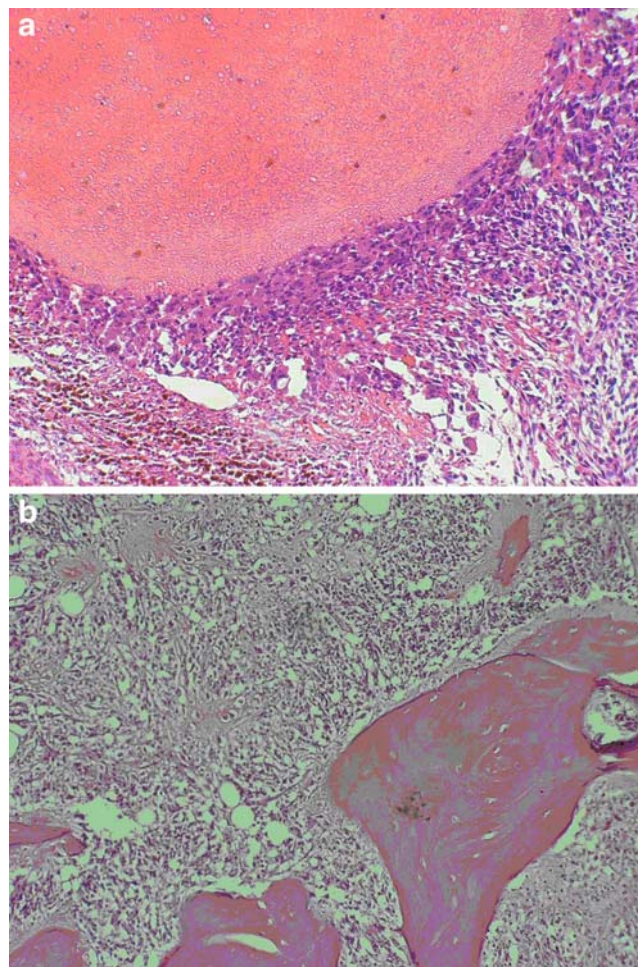


Fig. 2 (Corresponding to Fig. 3 of the original article.) The two components are better displayed separately. **a** Telangiectatic component, **b** parosteal grade 2 component in-between the host bone trabeculae